

DECLASSIFIED AND RELEASED BY
CENTRAL INTELLIGENCE AGENCY
SOURCE METHODS EXEMPTION 3B2B
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2003 2006

BIO-DATA

MEMORANDUM COORDINATION		
Date 14 SEPT 55	INITIALS	
RI ANALYST		
DIV.	BRANCH	
EE	GERMANY	
RI EDITOR		
RI TYPIST		

DATE SENT	
DATE RECEIVED	
ATTACHMENTS	

Jul 29 1955
FOREIGN OPERATIONS ADMINISTRATION
BIOGRAPHICAL DATA

On Technical Assistance Participants Visiting the U. S.

TO BE COMPLETED BY U.S.O.M.

TA NO. 09-27-341-1-50053 09-341	ACTIVITY TITLE Furniture Industry Productivity Study
COUNTRY Germany	FIELD OF ACTIVITY
PROPOSED ARRIVAL DATE U.S. 28 Dec 55	PROPOSED DURATION OF VISIT 2 months

INSTRUCTIONS TO PARTICIPANTS: Prepare this form on a typewriter in English. In order to prevent delay and to assist in planning your program, answer every question clearly and completely. If more space is needed, use a blank sheet of typing paper. Write your name, country, and date of birth on each sheet.

INFORMATION REGARDING PARTICIPANT

1. NAME (Last or Surname in capital letters) SCHMIDT	(First) Kurt	(Middle) Martin Julius	SEX (M or F) M
2. ADDRESS (Street) Donaustrasse 83	(City or Town) Berlin	(Country) Deutschland	
3. BIRTH DATE (Day, Month, Year) 3. Dec. 1921	4. BIRTH PLACE (City & Country) Berlin, Deutschland	5. COUNTRY OF CITIZENSHIP Deutschland	
6. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR YOUR SPOUSE, YOUR FATHER, AND YOUR MOTHER			
SPOUSE NAME	DATE OF BIRTH	PLACE OF BIRTH	
MOTHER Helene Schmidt, geb. Liedtke	29.11.85	Sensburg/Ostpr.	
FATHER Bruno Max Schmidt	4.10.75	Torgau	OCCUPATION + 20:5.48
7. PERSON AT HOME TO BE NOTIFIED IN CASE OF EMERGENCY (Name, Address, and Relationship) Helene Schmidt, Berlin-Neukölln, Donaustrasse 83, Mother			
8. PERSON IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY (Name, Address, and Relationship)			

9. HAVE YOU EVER BEEN IN THE U.S. IF SO, WHEN, WHERE, FOR HOW LONG AND FOR WHAT PURPOSE?

no
NP11
32-4-19-37-4
NP11
32-4-19-40
PG. 102 NP11

10. HAVE YOU EVER TRAVELLED TO COUNTRIES OTHER THAN U.S. IF SO, WHEN, WHERE, AND FOR HOW LONG? (Include travel for educational purposes as well as pleasure)

France (1937, two weeks), Italy 1935 (three weeks),

WASH - RWA - OP-12
FOLDER # 11 NP11

11. HAVE YOU PARTICIPATED IN OR APPLIED FOR ANY OTHER U.S. U.N. OR PRIVATE TECHNICAL ASSISTANCE ACTIVITY? IF SO, SPECIFY:

no
LONDON-X-2-PTS-69
FOLDER # 14(25)
LONDON-X-2-PTS-8
FOLDER # 4(25) NP11

12. LIST MEMBERSHIP IN EDUCATIONAL, PROFESSIONAL, ASSOCIATIONAL, LABOR OR OTHER TYPES OF ORGANIZATIONS AND SOCIETIES (If any, list name and address)

6-6-7-353y
CIC # S-1732
NP11
32-4-19-45
PG. 41
NP11
WASH-X-2-RWC-2
NP11

200-8-1-1041
NEAA-5511
68-8-6-313
MGKA-9052
32-7-30-521
MCB-NKHA

13. OBJECT OF PROPOSED VISIT. BE SPECIFIC. INDICATE FIELD OF ENDEAVOR, CROP, PRODUCT, PROCESS, TECHNIQUE, ETC. (If any, list name and address)

Methods of production and sales management of household furniture

BORN: DEC. 21

Promoted to SS UNTERSTURMFUEHRER DER RESERVE

(LEHRGANG FUER VERSEHRTE SS FUEHRERBEWERBER AN DER SS JUNKERSCHULE TOELZ) (21 JAN 44)

00775040
32-6-2-6198
MGKW-11
NP11

FILE: LA-NAZIS
REPT. LIST - JUNE 3, 1942
GEORGE OFFICE NP11
217022 - 2
JRX 002-317
3-17-45 NP11
ROME-X-2-PTS-15
FOLDER # 501-5/340K
2842
2906
1231
IBM CARD
IBM CARD

NAME OF PARTICIPANT **SCHMIDT Kurt, Martin, Julius** COUNTRY **Deutschland** DATE OF BIRTH **3. Dec. 1921**

4. EDUCATION: INCLUDE INFORMATION CONCERNING PREPARATORY OR SECONDARY SCHOOLS, UNIVERSITIES OR OTHER INSTITUTIONS OF EQUIVALENT RANK, IF YOU ATTENDED A TRADE OR VOCATIONAL SCHOOL OR COMPLETED APPRENTICESHIP INCLUDE THAT ALSO.

SCHOOLS ATTENDED	TYPE	COURSE OF STUDY OR MAJOR	DEGREES, DIPLOMAS OR CERTIFICATES	DATE
				FROM TO
Staatl. Oberschule Bln.-Nikn.			Cart. of maturity	1932 1940
Freie Universität Berlin (High School)			Dipl.-Kaufmann	1948 1951
			Dr. rer. pol.	

5. EMPLOYMENT

1) EXACT TITLE OF YOUR PRESENT POSITION
Confidential Clerk

DATE EMPLOYED
FROM **1951**
TO PRESENT TIME

PRESENT EMPLOYER'S NAME AND ADDRESS

**Möbelfabrik BRUMAX, Berlin-Neukölln
Donaustrasse 83**

APPROXIMATE SIZE OF BUSINESS OR ORGANIZATION
(Number of employees or volume of business)
90 employees

IND OF BUSINESS OR ORGANIZATION. (Foundry, Milk Marketing,
Cotton Textile Mfg., etc.)
Furniture Mfg.

MACHINES OPERATED (If applicable)

NUMBER AND KIND OF EMPLOYEES YOU SUPERVISE,
IF ANY
90

DESCRIPTION OF YOUR DUTIES

Management of a furniture mfg.

2) DO YOU EXPECT TO RETURN TO THIS SAME POSITION? () YES () NO IF NOT, HOW IS THE PROGRAM RELATED TO YOUR STUDIES AND FUTURE PLANS?

Yes

3) EXACT TITLE OF YOUR LAST PREVIOUS POSITION

see above

DATES EMPLOYED

FROM **6/5** TO

PREVIOUS EMPLOYER'S NAME AND ADDRESS

none

APPROXIMATE SIZE OF BUSINESS OR ORGANIZATION
(Number of employees or volume of business)
6/5

IND OF BUSINESS OR ORGANIZATION. (Foundry, Milk Marketing,
Cotton Textile Mfg., etc.)

MACHINES OPERATED (If applicable)

NUMBER AND KIND OF EMPLOYEES YOU SUPERVISED,
IF ANY

DESCRIPTION OF YOUR DUTIES

LANGUAGE PROFICIENCY	READING			SPEAKING			UNDERSTANDING		
	EXCELLENT	GOOD	FAIR	EXCELLENT	GOOD	FAIR	EXCELLENT	GOOD	FAIR
ENGLISH		X				X		X	
OTHER (French)		X			X			X	

BEFORE SIGNING THIS FORM CHECK BACK OVER IT TO MAKE SURE THAT YOU HAVE ANSWERED ALL QUESTIONS CORRECTLY.

CERTIFY that I have reviewed the statements made in this application and that they are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I further agree that if I am accepted under this program, I will follow diligently the program arranged as requested by my government and will not seek extension of the period of my program. I further agree that upon completion of my training, I will return to my country without delay and will endeavor to utilize, for the benefit of my country, the training acquired under this program.

SIGNATURE OF PARTICIPANT

8. 7. 1955

DATE

LANGUAGE CERTIFICATION: I CONCUR IN ITEM 16 ENTRIES FOR ENGLISH () YES () NO. IF "NO", EXPLAIN:

OFFICIAL TITLE

SIGNATURE OF OFFICIAL

DATE